

**Foot Surgeries: Bunionectomy and Hammertoe**

Complete and fax the clinical worksheet immediately following the Part 1 authorization request fax form, including any substantiating clinical documentation. Your responses enable faster processing of authorization requests and reduces the likelihood we may require you to submit additional clinical documentation to complete our review.

 Please fill in each question option completely  →

<b>Special note</b>	Submit one (1) auth per foot if operating bilaterally on the same date of service. Auths req. for CPT codes: 26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, L8641
<b>Question 1</b>	Which side is symptomatic? (Required, fill in all that apply) <input type="radio"/> Left <input type="radio"/> Right
<b>Question 2</b>	Which of the following findings were documented at the most recent encounter? (Required, fill in all that apply) <input type="radio"/> Significant foot pain that limits their everyday activities, including walking and wearing reasonable shoes. They may find it hard to walk more than a few blocks (even in athletic shoes) without significant pain. <input type="radio"/> Chronic big toe inflammation and swelling that does not improve with rest or medications. <input type="radio"/> Chronic big toe inflammation and swelling that does not improve with rest or medications. <input type="radio"/> Other indication(s) for surgery documented in clinical note (please attach on next page for review) <input type="radio"/> None of the above
<b>Question 3</b>	Does the surgeon have a preference for where the patient is discharged for post-acute care (if still appropriate at the time of discharge)? (Required, fill in one option) <input type="radio"/> Discharge home, no post-acute services required <input type="radio"/> Discharge home, outpatient Physical Therapy services required <input type="radio"/> Discharge home, Home Health Agency (HHA) services required <input type="radio"/> Discharge to Skilled Nursing Facility <input type="radio"/> No discharge preference indicated
<b>Question 4</b>	Did the patient's primary care physician provide preoperative medical clearance for this patient? (Optional, fill in one option) <input type="radio"/> Yes <input type="radio"/> No